



LAW OFFICE OF
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CORPORATE CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: June 06, 2022

CLIENT INFORMATION

Your Name: Bernstein Family Realty, LLC
Home Address: 2753 NW 34th St.
City: Boca Raton State: FL Zip Code: 33434
Home Phone: _____ Cell Phone No: 561-886-7628
E-mail Address: jjdbfr@gmail.com
Soc. Sec. No: EIN #26-2735064 Date of Birth: _____
Driver's License No.: _____ State of Issuance: _____

Other names you have been known by: BFR

EMPLOYER: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Work Facsimile No: _____
Work E-mail Address: _____

Nature of matter / reason for seeking consultation with our office: Involuntary BK

Your position/status with entity (for example, President, shareholder, member, etc.): Manager of BFR

How did you hear about our office: Bruce Jacobs, Ed Vallejo and Luanne Fleming

CPA or TAX ADVISOR

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Facsimile No: _____
E-mail Address: _____

OTHER BUSINESS PARTICIPANTS

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Facsimile No: _____
E-mail Address: _____
Relation of this person to you: _____

Is this person represented by an ATTORNEY in this matter? ☐ Yes ☒ No

If YES, please answer the questions below:

Name of Attorney/Firm: _____

City where office located: _____ Phone: _____

Indicate if this attorney has:

Ever provided advice or other services to you? ☐ Yes ☐ No

Talked with you in person or by telephone? ☐ Yes ☐ No

Sent a letter or other written communication to you? ☐ Yes ☐ No

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Facsimile No: _____
E-mail Address: _____
Relation of this person to you: _____

Is this person represented by an ATTORNEY in this matter? ☐ Yes ☐ No

If YES, please answer the questions below:

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City where office located: _____ Phone: _____

Indicate if this attorney has:

Ever provided advice or other services to you? ☐ Yes ☐ No

Talked with you in person or by telephone? ☐ Yes ☐ No

Sent a letter or other written communication to you? ☐ Yes ☐ No

CLIENT SIGNATURE _____ **DATE** _____

BY: Eliot Bernstein _____

ITS: Manager _____

CLIENT SIGNATURE _____ **DATE** _____

BY: _____

ITS: _____

Signature: Eliot Ivan Bernstein
Eliot Ivan Bernstein (Jun 6, 2022 19:31 EDT)

Email: iviewit@iviewit.tv